

5209 EAST MARGINAL WAY S. • SEATTLE, WA 98134 • (206) 762-0850 MAILING ADDRESS: P. O. BOX 24067 • SEATTLE, WA 98124-0067 WA CONTRACTOR'S LICENSE #MANSOCC032M1 • FAX (206) 764-8595

Response to Request for Information Pursuant to Section 104(e) of CERCLA, for the Lower Duwamish Waterway Superfund Site, Seattle, Washington King County Parcels: 0001600060, 1924049067 & 1924049041

EPA Region 10 Superfund

Releasable

Date: 05/11/2011

Document: 1337592

EXHIBIT 2.e

Sample Hazardous Waste Manifest Documents

More detailed information is on file with the Washington State Department of Ecology



Dangerous Waste Site Identification Form

Site ID



Washington State Department of Ecology

Hazardous Waste Information P.O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022 (within state) (360) 407-6170

Web site: www.ecy.wa.gov/programs/hwtr

For Ecology Use	Only Date	Received:	
Form	Reviewed	Entered	Verified
Site ID			
ĠM			
WR			
OI .			

1. Reason for Submittal	To provide New	To provide New Notification of Regulated Waste Activity (complete entire form)			
•	To provide Revi	sed Site Identification	information (complete enti	re form)	
	To Withdraw Sit	To Withdraw Site Identification Number (skip sections 10 and 11)			
	To Reactivate S	To Reactivate Site Identification Number (complete entire form) Effective Date: 12/31/2004			
	A component of	the Dangerous Waste	Annual Report (skip sect	ion 11)	Reporting Year: 2004
2. RCRA Site ID Number:	WAD007942824	1			
3. Site Location Information	. `	·			
Company Name:	Manson Construc	ction Co			
Site Address:	5209 E MARGIN	AL WAY S			
	SEATTLE, WA 9	3134		Α	
County:					
Tax Registration Number:					
NAICS Code:					•
Type of Business:	Marine Construct	ion Yard			
4. Company Mailing Address					
Name:	Manson Construc	ction Co	•		•
Mail Address:	PO Box 24067				
	SEATTLE, WA 9				
Country:	UNITED STATES	<u> </u>			
5. Legal Owner					
Name:	Manson Construc	ction Co			
Mail Address:	PO Box 24067				
City/State/Zip:	SEATTLE, WA 9	8124-0067			
Phone Number (Ext):					
Owner Since:	02/29/1996				İ
Owner Type:	Federal	State	County	Municipal	Ì
	District	Y Private	Tribal	☐ Other	
6. Land Owner			·		
Name:	King County				
Mail Address:	500 Fourth Ave F				
City/State/Zip:	•	8104			
Phone Number (Ext):		-	-]
Owner Type:	Federal	☐ State	County	Municipal	\
	District	Private	Tribal Land	Puyallup Trust	Other

Dangerous Waste Site Identification Form (continued)			Site ID		
				RCRA Site ID Number:	WAD007942824
7. Site Operator					
Name:	Manson Constr	uction Co., Kathlee	en Becker		· ·
Mail Address:	PO Box 24067				
City/State/Zip:	SEATTLE, WA	98124-0067			
Phone Number (Ext):	(206)762-0850				
Operator Since:	` '				
Operator Type:	☐ Federal	☐ State	☐ County	☐ Municipal	
	District	Private	☐ Tribal	Other	
8. Site Contact					·
	Kathlaan Daaka				
	Kathleen Becke	er			
	PO Box 24067				
	SEATTLE, WA	98124-0067			
Phone Number (Ext):	(206)762-0850				-
Email Address:	kbecker@mans	onconstruction.co	m		
9. Form Contact					
Name:	Kathleen Becke	er			
Mail Address:	PO Box 24067				
City/State/Zip:	SEATTLE, WA	98124-0067			
Phone Number (Ext):	(206)762-0850			•	
		sonconstruction.co	m		
10. Type of Regulated Waste A	ctivity (Mark the	appropriate box	es for activities that	apply	
A. Hazardous Waste Activities				<u> </u>	
1. Generator of Hazardous Waste				nt, Storage, Disposal or Recycling (TSDF	R) Facility
(Choose only one of the folio		*	_ `	RCRA Permit is required for this activity)	
a. LQG: Large Quantity Gener b.MQG: Medium Quantity Gen				Recycler of Off-Site Waste lediate Recycler)	
b.MQG: Medium Quantity Gen c. SQG: Small Quantity Gener				us Waste Fuel Activity	
d. XQG: No Regulated Waste		ourno,		rator of dangerous waste fuel	
2. Frequency of Generation				rator marketing to burner	
(Choose only one of the folio	wing three types)			marketers (i.e., blender, distributor, etc.)	
a. Monthly			d. Burne	r (indicate type of combustion unit)	
b. Batch			1 .	Utility Boiler	
c. One-time only			2 .	Industrial Boiler	
3. Transporter of Hazardous Was	te		_	Industrial Furnace	•
a. Transport own waste				rals/Exemptions (in federal registry only)	
b. Transport for commercial pu	urposes			Smelter deferral	-
4. Recycler of On-Site Waste		haait baa		Small quantity exemption	
(i.e., on-site use, reuse or reck been generated)	amation of a waste af	ner II has	∐ 3.	Other (specify):	
5. Transfer Facility of Hazardous	Waste				
6. Permit-by-Rule (PBR)					
7. Treatment-by-Generator (TBG)					
8. Generator of Mixed Radioactive	e Waste				

Site ID

RCRA Site ID Number:

WAD007942824

B. Universal Waste Activities	C. Used Oil Activities
1. Large Quantity Handler of Universal Waste	1. Off-specification used oil burner Indicate type(s) of
(Mark all boxes that apply)	a. Utility Boiler combustion devices
Generate Accumulate	b. Industrial Boiler
a. Batteries	c. Industrial Furnace
b. Mercury containing thermostats	2. Used oil transporter - Indicate type(s) of activity(s) a. Transporter
c. Lamps	b. Transfer Facility
	3.Used oil processor/re-refiner - Indicate type(s) of activity(s)
2. Destination Facility for Universal Waste	a. Process
(Note: A RCRA Permit is required for this activity)	b. Re-refine
•	4. Used Oil Fuel Marketer
	a. Directs shipment of used oil to used oil burner
	b. First claims the used oil meets the specifications
11. Description of Hazardous Wastes	
A. Waste Codes for Federally Regulated Hazardous Wastes: Identify those con D002 - Corrosive, D003 - Reactive, etc.)	odes that best describe your waste. (e.g., D001 - Ignitable,
D001, D002	
B. Waste Codes for State Regulated (i.e., non-Federal) Hazardous Wastes:Id	lantify those codes that best describe your waste (o.g.
WT02 - Toxic, WP02 - Persistent, WL02 - Labpack, WSC2 - Solid Corrosive, e	
12. Comments	
	•
13. Certification	This form cannot be processed without a signature
I certify under penalty of law that this document and all attachments were prepared under	
designed to assure that qualified personnel properly gather and evaluate the information of	
manage the system, or those persons directly responsible for gathering the information, the belief, true, accruate and complete. I am aware that there are significant penalties for sub-	
imprisonment for knowing violations.	
	·
Signature	Date
Name (print or type)	Title
If you have special accommodation needs or require this document in an alternative form. Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).	at, please contact the Hazardous Waste and Toxics Reduction
14. Electronic Submittals	
I am interested in the electronic filing of my Dangerous Waste Annual Reporting and S	Site Identification information to Ecology over the Internet. Ecology to the Form Contact in Section 9 on this form.

Dangerous Waste Site Identification Form

Site ID



Washington State Department of Ecology

Web site: www.ecy.wa.gov/programs/hwtr

Hazardous Waste Information P.O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022 (within state) (360) 407-6170

For Ecolog	gy Use Ont	y E	ate Receiv	red:	
Form	Review	ved	Entered	. V	erified
Site ID					
GM			10.00		
WR					
OI .	-		La de la companya de		

1. Reason for Submittal	To provide New Notification of Regula	ated Waste Activity (complete entir	e (omi)		
·	☐ To provide Revised Site Identification information (complete entire form)				
	☐ To Withdraw Site Identification Number (skip sections 10 and 11)				
	☐ To Reactivate Site Identification Number (complete entire form) Effective Date:(mm/dd/yyyy)				
<u></u>	A component of the Dangerous Was	te Annual Report (Skip section 1	1) Reporting Year: 2003		
2. RCRA Site ID Number:	WAD007942824				
sassifet esation internal			《《 文文》。 《 文文》。		
	anson Construction Co	Company Name:			
Site Address: (52	209 E MARGINAL WAY S	Site Address:			
	EATTLE WA 98124-0067	City/State/Zip:			
County: Ki		County:			
Tax Registration Number: 47	196	Tax Registration Number:			
NAICS Code: 2:	3091U	NAICS Code: Type of Business:	Marine Construction Yard		
Type of Business: 4as Company Mailing: Adu		Type of Business:			
	lanson Construction Co	Name:			
Mail Address: P		Mail Address:			
	EATTLE WA 98124-0067	City/State/Zip:			
	NITED STATES	Country:			
Saftein Gwer 15, 26		(56) E			
Name: M	ianson Construction Co	Name:			
Mall Address: P	O Box 24067	Mail Address:			
s	ÉATTLE WA 98124-0067	City/State/Zip:			
Phone Number (Ext): (2	206)762-0850	Phone Number (Ext):	()		
Owner Since: 2	/29/1996	Owner Since:	(mm/dd/yyyy)		
Owner Type:			☐ Federal ☐ State ☐ County ☐ Municipal		
			☐ District 🖺 Private ☐ Tribal ☐ Other		
Gartand Owner, 33 5 37		N			
	ring County	Name: Mail Address:			
	00 Fourth Ave Room 500	Mail Address: City/State/Zip:			
Phone Number (Ext): 2	EATTLE WA 98104 06296-7470	Phone Number (Ext):	()		
Owner Type:	NOTO THE STATE OF	· · ·	☐ Federal ☐ State ☒ County ☐ Municipal		
5 m. 5, 17e			☐ District ☐ Private ☐ Tribal Land		
The state of the s			☐ Puyallup Trust ☐ Other		

RCRA Site ID Number: WAD007942824

TO STREAM STATE OF THE STATE OF	
Name:	Name:
Mail Address:	Mail Address:
	City/State/Zip:
Phone Number (Ext):	Phone Number (Ext): ()
Operator Since:	Operator Since: (mm/dd/yyyy)
Operator Type:	Operator Type:
Washing the property of	☐ District ☐ Private ☐ Tribal ☐ Other
Name: Kathleen Becker	Name:
Mail Address: PO Box 24067	Mall Address:
SEATTLE WA 98124-0067	City/State/Zip:
Phone Number (Ext): (206)762-0850	Phone Number (Ext): ()
Emall Address:	Email Address:
Makana Banasa	SERVICE OF THE SERVIC
Name: Kathleen Becker	Name:
Mall Address: PO Box 24067	Mail Address:
SEATTLE WA 98124-0067.	City/State/Zip:
Phone Number (Ext): (206)762-0850	Phone Number (Ext): ()
Email Address:	Email Address:
(i) dynasok kegulaidol Wasto Addivity (Markine aporopia) e o oxe	s focacity tiles that apply to your site)
40. Type of Regulated Wasto/Activity (Mark tile appropriete boxe A. Hazardous Waste Activities	s to cactivities that apply to violic site) - *** *******************************
A. Hazardous Waste Activities 1. Generator of Hazardous Waste	□ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories)	☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity)
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories)	☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories)	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler)
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) □ a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) □ b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) □ c. SQG: Small Quantity Generator (Less than 220 lbs/mo)	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 2. Frequency of Generation	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel
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A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 2. Frequency of Generation (Choose only one of the following three types) a. Monthly	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit)
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 7. Frequency of Generation (Choose only one of the following three types) a. Monthly b. Batch	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) ☐ 1. Utility boiler
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 7. Frequency of Generation (Choose only one of the following three types) a. Monthly b. Batch c. One-time only	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) ☐ 1. Utility boiler ☐ 2. Industrial boiler
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 2. Frequency of Generation (Choose only one of the following three types) a. Monthly b. Batch c. One-time only 3. Transporter of Hazardous Waste	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) ☐ 1. Utility boiler ☐ 2. Industrial boiler ☐ 3. Industrial furnace
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 2. Frequency of Generation (Choose only one of the following three types) a. Monthly b. Batch c. One-time only 3. Transporter of Hazardous Waste a. Transport own waste	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) ☐ 1. Utility boiler ☐ 2. Industrial boiler ☐ 3. Industrial furnace e. Deferrals/Exemptions (in federal registry only)
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 2. Frequency of Generation (Choose only one of the following three types) a. Monthly b. Batch c. One-time only 3. Transporter of Hazardous Waste a. Transport own waste b. Transport for commercial purposes	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) ☐ 1. Utility boiler ☐ 2. Industrial boiler ☐ 3. Industrial furnace e. Deferrals/Exemptions (in federal registry only) ☐ 1. Smelter deferral
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 2. Frequency of Generation (Choose only one of the following three types) a. Monthly b. Batch c. One-time only 3. Transporter of Hazardous Waste a. Transport own waste b. Transport for commercial purposes 4. Recycler of On-Site Waste (i.e., on-site use, reuse or reclamation of a waste after it has been generated) 5. Transfer Facility of Hazardous Waste	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) ☐ 1. Utility boiler ☐ 2. Industrial boiler ☐ 3. Industrial furnace e. Deferrals/Exemptions (in federal registry only) ☐ 1. Smelter deferral ☐ 2. Small quantity exemption
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following four categories) a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo) c. SQG: Small Quantity Generator (Less than 220 lbs/mo) d. XQG: No Regulated Waste Generated 2. Frequency of Generation (Choose only one of the following three types) a. Monthly b. Batch c. One-time only 3. Transporter of Hazardous Waste d. Transport own waste d. Transport own waste l. Recycler of On-Site Waste (i.e., on-site use, reuse or reclamation of a waste after it has been generated) 5. Transfer Facility of Hazardous Waste 6. Permit-by-Rule (PBR)	 ☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility (Note: A RCRA Permit is required for this activity) ☐ 11. 24-Hour Recycler of Off-Site Waste (i.e., Immediate Recycler) 12. Dangerous Waste Fuel Activity ☐ a. Generator of dangerous waste fuel ☐ b. Generator marketing to burner ☐ c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) ☐ 1. Utility boiler ☐ 2. Industrial boiler ☐ 3. Industrial furnace e. Deferrals/Exemptions (in federal registry only) ☐ 1. Smelter deferral ☐ 2. Small quantity exemption
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Site ID

RCRA Site ID Number:

WAD007942824

B. Universal Waste Activities	C. Used Oil Activities
1. Large Quantity Handler of Universal Waste	Off-specification used oil burner Indicate type(s) of combustion devices
(Mark all boxes that apply)	1. Utility boiler
Generate Accumulate	2. Industrial boiler
a. Batteries	☐ 3. Industrial furnace
b. Mercury containing thermostats	2. Used oil transporter Indicate type(s) of activity(s)
c. Lamps	☐ a. Transporter
Cla Bradenthe Facility for Habre a 1991 of	☐ b. Transfer facility
2. Destination Facility for Universal Waste	3. Used oil processor/re-refiner Indicate type(s) of activity(s)
(Note: A RCRA Permit is required for this activity)	a. Process
•	b. Re-refine
	4. Used Oil Fuel Marketer
	a. Directs shipment of used oil to used oil burner
	b. First claims the used oil meets the specifications
11. Description of Hazardous Wastes	
A. Waste Codes for Federally Regulated Hazardous Wastes: Identify thos Corrosive, D003 – Reactive, etc.)	e codes that best describe your waste. (e.g., D001 – Ignitable, D002 –
B. Waste Codes for State Regulated (i.e., non-Federal) Hazardous Waste	es: Identify those codes that best describe your waste. (e.g., WT02 –
Toxic, WP02 - Persistent, WL02 - Labpack, WSC2 - Solid Corrosive, etc.)	,
	Control of the second of the s
12, Comments 4	14 A
,	
Additional sheets may be attached for comments if needed.	
133 Certification	This form cannot be processed without a signature
	** _
I certify under penalty of law that this document and all attachments were pre designed to assure that qualified personnel properly gather and evaluate the	
manage the system, or those persons directly responsible for gathering the in	nformation, the information submitted is, to the best of my knowledge and
belief, true, accurate and complete. I am aware that there are significant pen imprisonment for knowing violations.	names for submitting raise information, including the possibility of fine and
1	01.100.101
KEBecker	04/28/04
Signature Kathleen Becker	Date Safety Manager
Name (print or type)	Title
If you have special accommodation needs or require this document in an alteral Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).	ernative format, please contact the Hazardous Waste and Toxics Reduction
14. Electronic Submittals	
☐ I am interested in the electronic filing of my Dangerous Waste Annual Rep	

Dangerous Waste Site Identification Form

Site ID



Washington State Department of Ecology Hazardous Waste Information P.O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022 (within state) (360) 407-6170

Web site: www.ecy.wa.gov/programs/hwtr

For Ecolog Form	wed	En	Veri	fied
Site ID	11.00			
GM	8.0			
WR		4.7 (7)		
OI				

1. Reason for Submittal	☐ To provide New Notification of Regular	ted Waste Activity (complete enti	ire (om)		
	☐ To provide Revised Site Identification information (complete entire form)				
·	☐ To Withdraw Site Identification Number (skip sections 10 and 11)				
	To Reactivate Site Identification Number (complete entire form) Effective Date: (mm/dd/yy				
	☐ No Reporting Year: 2003				
2. RCRA Site ID Number:	WAD007942824				
	anson Construction Co	Company Name:			
	109 E MARGINAL WAY S	Site Address:			
	EATTLE WA 98124-0067	City/State/Zip:			
County: Ki		County:			
Tax Registration Number: 17	78003672	Tax Registration Number:	\		
NAJCS Code: 23	38910 · · · · · · · · · · · · · · · · · · ·	NAICS Code:			
Type of Business:		Type of Business:	Marine Construction Yard		
Les Company Vialle (2)					
Name: M	anson Construction Co	Name:			
Mail Address: Pi	O.Biox 24067	Mail Address:			
S	EATTLE WA 98124-0067	City/State/Zip:			
Country: U	NITED STATES	Country:			
Emphripi (Miche 1923)					
Name: M	anson Construction Co	Name:			
Mall Address: P	O Box 24067	Mail Address:			
S	EATTLE WA 98124-0067	City/State/Zip:			
Phone Number (Ext): (2	206)762-0850	Phone Number (Ext):			
Owner Since: 2	/29/1996	Owner Since:	(mm/dd/yyyy)		
Owner Type:		Owner Type:	Federal State County Municipal		
			☐ District 🖺 Private ☐ Tribal ☐ Other		
Gar Eand Owner, \$5.7		66 ·			
	ing County	Name:			
Mail Address: 5	00 Fourth Ave Room 500	Mall Address:			
	EATTLE WA 98104	City/State/Zip:			
Phone Number (Ext): 2	06296-7470	Phone Number (Ext):			
Owner Type:		Owner Type:	☐ Federal ☐ State ☒ County ☐ Municipal ☐ District ☐ Private ☐ Tribal Land		
erani da eran eran eran eran eran eran eran era			☐ Puyallup Trust ☐ Other		

Site ID

RCRA Site ID Number: WAD007942824

Marino epondo de la la la la compana de la c	
Name:	Name:
Mall Address:	Mail Address:
	City/State/Zip:
Phone Number (Ext):	Phone Number (Ext): ()
Operator Since:	Operator Since: (mm/dd/yyyy
Operator Type:	Operator Type:
	☐ District ☐ Private ☐ Tribal ☐ Other
SESSIOPTION STORES SEE SEE SEE SEE SEE SE	
Name: Kathleen Becker	Name:
Mail Address: PO Box 24067	Mail Address:
SEATTLE WA 98124-0067	City/State/Zip:
Phone Number (Ext): (206)762-0850	
	Phone Number (Ext): ()
Emall Address	Email Address:
Constitution of the state of th	
Name: Kathleen Becker	Name:
Mall Address: PO Box 24067	Mail Address:
SEATTLE WA 98124-0067	City/State/Zip:
Phone Number (Ext): (206)762-0850	Phone Number (Ext): ()
The state of the s	Email Address:
Email Address:	
	s to pactivities that apply to your site) = 💰 🔞 💢 👢 👢
A. Hazardous Waste Activities	T 40 Taratasant Otamana Blancast as Bassattas (TOBB) Facility
Generator of Hazardous Waste (Change only one of the following four categories)	10. Treatment, Storage, Disposal or Recycling (TSDR) Facility
(Choose only one of the following four categories) ☐ a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo)	(Note: A RCRA Permit is required for this activity) 11. 24-Hour Recycler of Off-Site Waste
b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo)	(i.e., Immediate Recycler)
☐ c. SQG: Small Quantity Generator (Less than 220 lbs/mo)	12. Dangerous Waste Fuel Activity
☑ d. XQG: No Regulated Waste Generated	☐ a. Generator of dangerous waste fuel
2. Frequency of Generation	☐ b. Generator marketing to burner
(Choose only one of the following three types)	c. Other marketers (i.e., blender, distributor, etc.)
☐ a. Monthly	d. Burner (indicate type of combustion unit)
☐ b. Batch	1. Utility boiler
☐ c. One-time only	2. Industrial boiler
3. Transporter of Hazardous Waste	☐ 3. Industrial furnace
_	3. Industrial furnacee. Deferrals/Exemptions (in federal registry only)
3. Transporter of Hazardous Waste	
3. Transporter of Hazardous Waste ☐ a. Transport own waste	e. Deferrals/Exemptions (in federal registry only)
3. Transporter of Hazardous Waste ☐ a. Transport own waste ☐ b. Transport for commercial purposes	e. Deferrals/Exemptions (in federal registry only) 1. Smelter deferral
3. Transporter of Hazardous Waste a. Transport own waste b. Transport for commercial purposes 4. Recycler of On-Site Waste (i.e., on-site use, reuse or reclamation of a waste after it has been	e. Deferrals/Exemptions (in federal registry only) 1. Smelter deferral 2. Small quantity exemption
3. Transporter of Hazardous Waste a. Transport own waste b. Transport for commercial purposes 4. Recycler of On-Site Waste (i.e., on-site use, reuse or reclamation of a waste after it has been generated)	e. Deferrals/Exemptions (in federal registry only) 1. Smelter deferral 2. Small quantity exemption
3. Transporter of Hazardous Waste a. Transport own waste b. Transport for commercial purposes 4. Recycler of On-Site Waste (i.e., on-site use, reuse or reclamation of a waste after it has been generated) 5. Transfer Facility of Hazardous Waste	e. Deferrals/Exemptions (in federal registry only) 1. Smelter deferral 2. Small quantity exemption
3. Transporter of Hazardous Waste a. Transport own waste b. Transport for commercial purposes 4. Recycler of On-Site Waste (i.e., on-site use, reuse or reclamation of a waste after it has been generated) 5. Transfer Facility of Hazardous Waste 6. Permit-by-Rule (PBR)	e. Deferrals/Exemptions (in federal registry only) 1. Smelter deferral 2. Small quantity exemption
3. Transporter of Hazardous Waste a. Transport own waste b. Transport for commercial purposes 4. Recycler of On-Site Waste (i.e., on-site use, reuse or reclamation of a waste after it has been generated) 5. Transfer Facility of Hazardous Waste 6. Permit-by-Rule (PBR) 7. Treatment-by-Generator (TBG)	e. Deferrals/Exemptions (in federal registry only) 1. Smelter deferral 2. Small quantity exemption

Site ID

RCRA Site ID Number:

WAD007942824

B. Universal Waste Activities	C. Used Oil Activities
Large Quantity Handler of Universal Waste	Off-specification used oil burner Indicate type(s) of combustion
(Mark all boxes that apply)	devices
	☐ 1. Utility boiler ☐ 2. Industrial boiler
Generate Accumulate a. Batteries □ □	3. Industrial furnace
b. Mercury containing thermostats	2. Used oil transporter indicate type(s) of activity(s)
c. Lamps	a. Transporter
	□ b. Transfer facility
☐ 2. Destination Facility for Universal Waste	3. Used oil processor/re-refiner indicate type(s) of activity(s)
(Note: A RCRA Permit is required for this activity)	a. Process
	☐ b. Re-refine
	4. Used Oil Fuel Marketer
	a. Directs shipment of used oil to used oil burner
	☐ b. First claims the used oil meets the specifications
Microscription of Hazardous Wastes	
A. Waste Codes for Federally Regulated Hazardous Wastes: Identify thos Corrosive, D003 – Reactive, etc.)	e codes that best describe your waste. (e.g., D001 – Ignitable, D002 –
B. Waste Codes for State Regulated (i.e., non-Federal) Hazardous Waste	es: Identify those codes that best describe your waste. (e.g., WT02 -
Toxic, WP02 - Persistent, WL02 - Labpack, WSC2 - Solid Corrosive, etc.)	
SIZ/Comments 1915 1915	
Additional sheets may be attached for comments if needed.	
i-Cerification	This form cannot be processed without a signature
I certify under penalty of law that this document and all attachments were pre	
designed to assure that qualified personnel properly gather and evaluate the manage the system, or those persons directly responsible for gathering the ir	information submitted. Based on my inquiry of the person or persons who
belief, true, accurate and complete. I am aware that there are significant per	normation, the information submitted is, to the best of my knowledge and naities for submitting false information, including the possibility of fine and
imprisonment for knowing violations.	
KEBecker	04/28/04
Signature	Date
Kathleen Becker	Safety Manager
Name (print or type)	Title
If you have special accommodation needs or require this document in an alter Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).	rmative format, please contact the Hazardous Waste and Toxics Reduction
s[4] Electronic Submittalise	
☐ I am interested in the electronic filing of my Dangerous Waste Annual Rep	



Dangerous Waste Annual Report Verification Form

For Ecology Use Only - Date Received :				
Form	Review	HWIMSy Entry	Verification	
VF				
GM				
WR				
OI				

2002

Washington State Department of E		cology (
	Hazardous Waste Information	Form	Review	HWIMSy Entry	Verification	_
	P. O. Box 47658 Olympia, WA 98504-7658	VF	 			_
HAD HAD TON CTATE	(800) 874-2022 (within state)	GM				_
WASHINGTON STATE DEPARTMENT OF	(360) 407-6170	WR				_
ECOLOGY		OI				_
Site Location Information:						
RCRA Site ID: WAD	007 942 824			This F	enort is	

Name: Manson Construction Co Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 2a. The legal:company/agency owner is. Name: Manson Construction Co Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 Work Phone: (206)762-0850 Did the company ownership change in 2002? Name: Manson Construction Co Name: Mail Address:	Current Company Name: Manson Construction Coursels Site Location: 5209 E MARGINAL WAY S City/State/Zip: SEATTLE, WA 98134 Dept. of Revenue Tax Registration Number: 178-003-6	County: KING	This Report is Due No Later Than March 3, 2003
Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 2a The legal:company/agency owner is: Name: Manson Construction Co Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 Work Phone: (206)762-0850 Did the company ownership change in 2002? Yes Date: (continue to the right): No (go to 3a): Name: King County Mail Address: 3b Name: King County Mail Address: 3b Name: King County Mail Address: 50b 4th Ave, Rm 500 Sea Hie WA 98104 Work Phone: 206-296-7470 Ext: Work Phone: (will Address) Name: Mail Address: 50b 4th Ave, Rm 500 Sea Hie WA 98104 Work Phone: 206-296-7470 Ext: Work Phone: (will Address) Name: Mail Address: (will Address)	All information listed below is required. If information is		e changes in the right hand column
Name: Manson Construction Co Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 Work Phone: (206)762-0850 Ext: Did the company ownership change in 2002? Yes Date: (continue to the right):	Mail Address: PO Box 24067		
Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 Work Phone: (206)762-0850 Ext: Work Phone: (206)762-0850 Ext: Work Phone: Ext:	2a The legal:company/agency owner is:	2b	
Did the company ownership change in 2002? Yes Date:	Mail Address: PO Box 24067 SEATTLE, WA 98124-0067	Mail Address:	· · · · · · · · · · · · · · · · · · ·
Yes Date: (continue to the right): Current Company Owner Entire year No (go to 3a): Previous Company Owner My term of ownership only 3a The land owner of this site is 3b Name: King County Mame: Mail Address: 500 4th Ave, Rm 500 Seattle WA 98/04 Work Phone: 206-296-7470 Ext: Work Phone: Ext: 4a The contact for site visits and inspections is: 4b		vvork Phone:	Ext:
Name: King County Mail Address: 500 4th Ave, Rm 500 Seattle WA 98/04 Work Phone: 206-296-7470 Ext: Work Phone: Ext: 4a. The contact for site visits and inspections is: 4b.	Yes Date: (continue to the right):	Current Company Owner	This report covers waste activity for: Entire year My term of ownership only
Mail Address: 508 4th Ave, Rm 500 Sea H/e WA 98/04— Work Phone: 206-296-7470 Ext: Work Phone: Ext: 4a. The contact for site visits and inspections is:	3a The land owner of this site is:		
Work Phone: 206-296-7470 Ext: Work Phone: Ext: 4a. The contact for site visits and inspections is: 4b.	Name: King County Mail Address: 500 4th Ave, Rm 500 Septile, WA 98104		
		Work Phone:	Ext:
	4a. The contact for site visits and inspections is:	46.00	Caracara da Harrista de Presenta da Arriada de Caracara de Caracara de Caracara de Caracara de Caracara de Car Se la composição do Caracara do Caraca
Name/Title: Kathleen Becker Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 Name/Title: Mail Address:	Mail Address: PO Box 24067		
Work Phone: (206)762-0850 Ext: Work Phone: E-Mail Address: E-Mail Address:	Work Phone: (206)762-0850 Ext:		Ext:

Name/Title: Kathleen Becker Mail Address: PO Box 24067 SEATTLE, WA 98124-0067 Work Phone: (206)762-0850 Ext:

E-Mail Address:

Name/Title: Mail Address: Work Phone: E-Mail Address:



Page 1 of ___

Generator Status Required – Indicate the facility's generato box. If you changed from last year, use the Comment Sect	r status for 2002 by checking the appropriate
	all Quantity Generator (SQG)
	Regulated Waste Generated
Medium Quantity Generator (MQG)	Negulated Waste Generated
Electronic Data Submittal - if submitting data electronically must be submitted on paper.	, indicate your method of submission. VF
☐ Disk(s) included	Data submitted by e-mail
. Waste Management Activities – Check boxes below ONLY	f they apply to your site
8a. Transportation Activity (requires prior notification)	8f. Used Oil Transporter – indicate type(s) of activity(ies)
Transporter for your own waste	Transfer facility
Transporter for commercial purposes	☐ Transporter
☐ Transfer facility Mode of Transportation	8g. Used Oil Processor/Re-refiner – indicate type(s) of combustion devise(s)
☐ Air	☐ Process
Rail	Re-refine
☐ Highway	
☐ Water	8h. Dangerous Waste Fuel Activity
Other - specify:	Generator of fuel
8b. Treatment, Storage, Disposal, Recycling (TSDR) Facility	Generator marketing to burner
(requires permit) For waste generated at this site	 Other marketers (i.e., blender, distributor) Deferrals/exemptions (in federal registers only)
For waste generated by other facilities	Smelter deferral
Which of the Following RCRA permitted activities occur at	Small quantity exemption
this facility?	Other
☐ Treatment	Burner (indicate type of combustion unit)
☐ Disposal	Utility boiler
☐ Storage	Industrial boiler
■ No longer RCRA-TSD active	Industrial furnace
a Datti t modiate Degradar/commercially	8i. LQHUW (Large Quantity Handler of Universal Waste)
8c. 24 Hour Immediate Recycler (commercially receives off-site waste)	Batteries
	Mercury containing thermostats
8d. Used Oil Fuel Marketer	☐ Lamps
Directs shipment or used oil to used oil burner	8j. Excluded On-Site Waste management Activities (for was
First claims the used oil meets the specifications	streams that are not reported on a GM form)
8e. Used Oil Burner - Indicate type(s) of combustion device(s)	Permit-by-Rule (PBR)
Utility boiler	Recycling without prior storage or accumulation
☐ Industrial furnace	
Industrial boiler	
Comments – additional sheet may be attached for comme	nts if needed
10. Certification	
The following must be signed by authorized representative of	f the company/agency. This certification language is requi
under EPA's Biennial Report. Ecology is required to implem	ent reporting requirements at least as stringent as those in
that report. I certify under penalty of law that this document and all attachments were	propagad under my direction or supervision in page dense, with a system
designed to assure that qualified personnel properly gather and evaluate	the information submitted. Based on my inquiry of the person or person
who manage the system, or those persons directly responsible for gather	ing the information, the information submitted is, to the best of my
knowledge and belief, true, accurate and complete. I am aware that then possibility of fine and imprisonment for knowing violations.	e are significant penalties for submitting false information, including the
	- 4- 4
Signature (in ink) KBecker	Date 2/25/2003
-	
Name (print/type) Kathleen Becker	Title Safety Manager

CONFIDENTIAL

er e	NON-HAZARDOUS	1. Generator's US	E EDA IO No	Manifest Doc. No.	2 Page						
. }	WASTE MANIFEST	_	PT	101394	of 4	"					
	Generator's Name and Mailing Address	· · EVEN		1101034	1			· · · · · · · · · · · · · · · · · · ·			
	MANSON CONSTRUCTION MAIN PO BOX 24067 SEATTLE WA 98124 4. Generator's Phone 206 762-0854					5209 EAST MARG WAY SO SEATTLE WA 98108					
	5. Transporter 1 Company Name		6. US EPA ID I	Number	A. Tran	sporter's i	Phone				
	BASIN OIL COMPANY INC		WAD 988 47		 						
	7. Transporter 2 Company Name	Number	<u> </u>	isporter's							
Π	9. Designated Facility Name and Site Address		10. US EPA ID I	Number	C. Faci	lity's Phor	ie 8(00 439	2948		
	BÁSIN OIL COMPANY INC 8661 DALLAS AVENUE SC SEATTLE WA 98108		WAD 988:47	7 501 · ·			86	00 439	2948		
	11. Waste Shipping Name and Description					12. Cor	ntainers	13.	14.		
	<u> </u>		· · · · · · · · · · · · · · · · · · ·			No.	Туре	Total Quantity	Unit Wt/Vol		
	USED OIL FILTERS FOR MATERIAL NOT REGULATE					00 .	ОМ	0.00 .	. GL		
GENERAT	USED OIL SORBENT PADS MATERIAL NOT REGULATE				:	00 .	ОМ	0.00	. GL		
ATOR	c. PETROLEUM FLOOR SWEEF MATERIAL NOT REGULATE			CLING		00	DМ	0.00 .	. GL		
	d.				· · · · · · · · · · · · · · · · · · ·						
	D. Additional Descriptions for Materials Listed Abov	e			E. Han	dling Code	es for Wa	stes Listed Abo	ve		
	MATERIAL NOT REGULATE MATERIAL NOT REGULATE ALL PETROLEUM PRODUCT	D UNDER	WAC 173-303		# ·						
	15. Special Handling Instructions and Additional Info	mation									
	ALL MATERIAL IS 100%	RECYCLED	FOR ENERGY	RECOVERY							
			·								
	16. GENERATOR'S CERTIFICATION: I certify the m	aterials described abo	ove on this manifest are not s	subject to federal regula	ations for r	eporting pr	oper dispo	sal of Hazardous	Waste.		
V	Printed/Typed Name		Signature			- Laborar		Month	Day Year		
Į	$\widehat{\mathcal{A7}}$: Transporter 1 Acknowledgement of Receipt of M	aterials	/\								
EARS	Printed/Typed Name		Signature					Month	Day Year		
P	FOR BOCI: 18. Transporter 2 Acknowledgement of Receipt of M	aterials			H	FOR	7117				
一日 人 この りゅうりゅう	Printed/Typed Name		Signature		Λ	110.0	TVE	U Month	Day Year		
F40-	19. Discrepancy Indication Space		,	Ĺ	MANSO	N CONS	U ZOOZ STRUCT	ON			
1	20. Facility Owner or Operator: Certification of receip	ot of waste materials	s covered by this manifest						·		
1	BASIN OIL COMPANY INC Printed/Typed Name	}	Signature					Month	Day Year		

GENERATOR'S COPY

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Dangerous Waste Annual Report Verification Form

Washington State Department of Ecology

For Ecology Use Only - Date Received :				
Form	Review	HWIMSy Entry	Verification	
VF				
GM				
WR				
OI	,			

Tradinington data Department of Edding,			,					
	Hazardous Waste Information	Form	Review	HWIMSy Entry	Verification			
	P. O. Box 47658 Olympia, WA 98504-7658	VF						
WARLE TO BE CTATE	(800) 874-2022 (within state)	GM						
WASHINGTON STATE DEPARTMENT OF	(360) 407-6170 `	WR						
ECOLOGY		OI						
ité Location Information					_			
RCRA Site ID: WAD	007 942 824			ļ 		1		
Current Company Name:	Manson Construction Co			1 1	Report is			
Site Location: 5209	E MARGINAL WAY S				Due			
City/State/Zip: SEAT	TTLE, WA 98134 Co	unty: KING		No La	ter Than			

Dept. of Revenue Tax Registration Number: 178-003-672 NAICS: 23499

Primary SIC: 1629

No Later Than | March 1, 2002

		uun is iinssi	ng or incorrect, please ent	ter the changes in the right hand column.
la. The ma	iling address for this site is		246 200 200 200 200	
	Manson Construction Co PO Box 24067 SEATTLE, WA 98124-0067		Name: Mail Address:	
2a The leg	al companylagency.owner is:		(2b) (s) (s) (s) (s)	
Mail Address:	Manson Construction Co PO Box 24067 SEATTLE, WA 98124-0067 (206)762-0850 Ext:		Name: Mail Address: Phone:	Ext:
			Thoric.	LAI.
Did the comp	Date:(continue to the right):		esent the Current Company Owner	This report covers waste activity for:
⊠ No	(go to 3a):		Previous Company Owner	My term of ownership only
3a; The lar	d owner of this site is		3b 25 4 5 1	
Name: Mail Address:			Name: Mail Address:	
Phone:	Ext:		Work Phone:	Ext:
4a. The cor	lact for site visits and inspections is		4b (1)	
1	Kathleen Becker PO Box 24067		Name/Title: Mail Address:	
Work Phone:	SEATTLE, WA 98124-0067 (206)762-0850 Ext:		Work Phone:	Ext:
5a Thercor	ntact for annual report forms is:		5b	
1	: Kathleen Becker PO Box 24067		Name/Title: Mail Address:	
Work Phone	SEATTLE, WA 98124-0067 : (206)762-0850 Ext:		Work Phone:	Ext

. Generator Status Required - Indicate the facility's generato	r status for 2001 by checking the appropriate
box. If you changed from last year, use the Comment Sect	
	nall Quantity Generator (SQG)
Medium Quantity Generator (MQG)	Regulated Waste Generated
7. Electronic Data Submittal - if submitting data electronically must be submitted on paper.	, indicate your method of submission. VF
☐ Disk(s) included	☐ Data submitted by e-mail
B. Waste Management Activities – Check boxes below <u>ONLY</u>	if they apply to your site
8a. Transportation Activity (requires prior notification)	8f. Used Oil Transporter – indicate type(s) of activity(ies)
Transporter for your own waste	☐ Transfer facility
Transporter for commercial purposes	Transporter
Transfer facility	8g. Used Oil Processor/Re-refiner - indicate type(s) of
Mode of Transportation	combustion devise(s)
☐ Air	Process
Rail	Re-refine
Highway	No. Borrows Minds B. 15 C. S.
☐. Water	8h. Dangerous Waste Fuel Activity
Other - specify:	Generator of fuel
A Change Disease Describe (TDDD) Facility	Generator marketing to burner
8b. Treatment, Storage, Disposal, Recycling (TSDR) Facility (requires permit)	Other marketers (i.e., blender, distributor)
For waste generated at this site	Deferrals/exemptions (in federal registers only) Smelter deferral
For waste generated by other facilities	Small quantity exemption
Which of the Following RCRA permitted activities occur at	Other
this facility?	Burner (indicate type of combustion unit)
☐ Treatment	Utility boiler
Disposal	Industrial boiler
Storage	Industrial furnace
☐ No longer RCRA-TSD active	
	8i. LQHUW (Large Quantity Handler of Universal Waste)
8c. 24 Hour Immediate Recycler (commercially	Batteries
receives off-site waste)	Mercury containing thermostats
a to the COUT First Manufactor	Lamps
8d. Used Oil Fuel Marketer	8j. Excluded On-Site Waste management Activities (for was
Directs shipment or used oil to used oil burner First claims the used oil meets the specifications	streams that are not reported on a GM form)
First claims the used oil meets the specifications	Permit-by-Rule (PBR)
8e. Used Oil Burner - Indicate type(s) of combustion device(s)	Recycling without prior storage or accumulation
Utility boiler	- respensing mineral prior storage or accumulation
Industrial furnace	
Industrial boiler	•
9. Comments - additional sheet may be attached for comme	ents if needed
5. Oblimonia additional oncornia, 20 attached 101 commi	
10. Certification	
The following must be signed by authorized representative of	of the company/agency. This certification language is requi
under EPA's Biennial Report. Ecology is required to implem	rent reporting requirements at least as stringent as those in
that report.	and to provide a contract and the angle and and an angle an angle and an angle an angle and an a
I certify under penalty of law that this document and all attachments were	prepared under my direction or supervision in accordance with a system
designed to assure that qualified personnel properly gather and evaluate	the information submitted. Based on my inquiry of the person or person
who manage the system, or those persons directly responsible for gather	ing the information, the information submitted is, to the best of my
knowledge and belief, true, accurate and complete. I am aware that then possibility of fine and imprisonment for knowing violations.	e are significant penalties for submitting false information, including the
,	
Signature (in ink) XEBecker	Date February 26, 2002
Signature (in ink) / C/De cheek	Date 1331317 13, 2002
Name (print/type) Kathleen Becker	Title Safety Manager
If you have special accommodation needs or require this document in an	alternative format, please contact the Hazardous Waste and Toxics
Reduction Program at (360) 407-6006 (TDD).	

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Site Location Information :---

Work Phone: (206)762-0850

RCRA Site ID:

WAD 007 942 824

Dangerous Waste Annual Report Verification Form

2000

Washington State Department of Ecology **Hazardous Waste Information** P. O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022 (within state) (360) 407-6170

For Ecology Use Only - Date Received :				
Form	Review	HWIMSy Entry	Verification	
VF				
GM				
WR				
OI				

Company Na	me: Manson Construction Co			This Report is
Site Location City/State/Zip	SEATTLE, WA 98134		County: KING	No Later Than
	enue Tax Registration Number: 178-003	3-672	Primary SIC : 1629	March 1, 2001
Current con	npany name if different from above			
All informa	ation listed below is required. If information	n is mis	sing or incorrect, please enter the cl	hanges in the right hand column.
1a The ma	illing address for this site is:		1b	
	Manson Construction Co PO Box 24067 SEATTLE, WA 98124-0067		Name: Mail Address:	
2a The leg	al company/agency owner of this site is:		.g/√2b	
	Manson Construction Co PO Box 24067 SEATTLE, WA 98124-0067		Name: Mail Address:	
Work Phone:	(206)762-0850 Ext:		Phone:	Ext:
Did the comp	Date:(continue to the right):	l rep	Current Company Owner	report covers waste activity for:
⊠ No	(go to 3a):		Previous Company Owner	My term of ownership only
a The lan	d owner of this site is:		3b) - 5	
Name: Mail Address:			Name: Mail Address:	
Phone:	Ext:		Work Phone:	Ext:
la The con	tact for site visits and inspections is	**************************************	4b / / / / / / / / / / / / / / / / / / /	
•	Kathleen Becker PO Box 24067 SEATTLE, WA 98124-0067		Name/Title: Mail Address:	· · · · · · · · · · · · · · · · · · ·
Work Phone:	(206)762-0850 Ext:		Work Phone:	Ext:
5a The con	tact for annual report forms is:		(15b) (15b) (15b)	
	Kathleen Becker PO Box 24067 SEATTLE, WA 98124-0067		Name/Title: Mail Address:	

Work Phone:

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Indicate the facili	us and Waste Management Activities ty's generator status for 2000 by checking ease use the Comments section (#8, be	ng the appropriate boxes below. If your status has changed
Medium Quar Small Quanti No regulated 6b. Transportation Transporter for	ntity Generator (LQG) ty Generator (MQG) ty Generator (SQG) dangerous waste generated Activity (requires prior notification) or your own waste or commercial purposes	6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit) For waste generated at this facility For waste generated by other facilities 6d. Excluded On-Site Waste Management Activities (for waste streams that are not reported on a GM form) Permit-by-Rule - (PBR) Recycling without prior storage or accumulation
submittal, please in 7a. Paper Form Verification Generation Off-site Iden Waste Rece	which forms are included in this report an included in thi	nd provide the total number of pages. For electronic data 7b. Electronic Data Submittal Verification (VF) Form (paper only) Disk(s) included Data submitted on Internet Recycling Credit documentation attached (paper only)
of PCB tr 9. Certification The following must	ansformers st be signed by authorized representa PA's Biennial Report. Ecology is requ	ative of the company/agency. This certification language is lired to implement reporting requirements at least as
I certify under pena accordance with a submitted. Based for gathering the in	alty of law that this document and all atta system designed to assure that qualified on my inquiry of the person or persons v formation, the information submitted is, t are that there are significant penalties fo	ichments were prepared under my direction or supervision in dipersonnel properly gather and evaluate the information who manage the system, or those persons directly responsible to the best of my knowledge and belief, true, accurate and or submitting false information, including the possiblity of fine and
Signature (in ink)	KEBecker	
Name (print/type)	Kathleen Becker	
Date	02/23/01	
Title	Safety Manager	
		cument in an alternative format, please contact the 107-6700 (voice) or (360) 407-6006 (TDD).

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RCRA Site ID:

WAD 007 942 824

For Ecology Use Only - Date Received :					
Form	Review	HWIMSy Entry	Verification P	3	
VF					
GM		•			
WR					
OI					

	Dangerous waste Annual Report Vernication Form					777
	Washington State Department of Ecology	For Ecolo	gy Use Only - Da	te Received :		
	Hazardous Waste Information	Form	Review	HWIMSy Entry	Verification	P3
	P. O. Box 47658 Olympia, WA 98504-7658 (800) 874-2022 (within state)	VF				
WASHINGTON STATE		GM		`	1	
EPARTMENT OF (360) 407-6170	WR					
ECOLOGY	Y	OI				
te Location Information:			eron paulyeige			

Site Location City/State/Zip Dept. of Rev		County: KING Primary SIC: 1629	This Report is Due No Later Than March 1, 2000
All informa	ntion listed below is required. If information	is missing or incorrect, please enter the	e changes in the right hand column.
1a The ma	iling address for this site is:	1b	
	Manson Construction Co PO Box 24067 SEATTLE, WA 98124-0067	Name: Mail Address:	
2a The leg	al company/agency owner of this site is:	$\hat{\mathbf{Z}}\mathbf{b}$	
	Manson Construction Co PO Box 24067 SEATTLE, WA 98124-0067	Name: Mail Address:	
Work Phone:	(206)762-0850 Ext:	Phone:	Ext:
☐ Yes No	Date:(continue to the right): (go to 3a):	I represent the Current Company Owner Previous Company Owner	This report covers waste activity for: Entire year My term of ownership only
☐ Yes	Date:(continue to the right):	Current Company Owner	Entire year
☐ Yes	Date:(continue to the right): (go to 3a):	☐ Current Company Owner ☐ Previous Company Owner	Entire year
☐ Yes No No Name:	Date:(continue to the right): (go to 3a):	Current Company Owner Previous Company Owner 3b	Entire year
Yes No No Name: Mail Address: Phone:	Date:(continue to the right): (go to 3a): d'owner of this site is:	Current Company Owner Previous Company Owner 3b Name: Mail Address:	☐ Entire year ☐ My term of ownership only
Yes No No Name: Mail Address: Phone: Aa The con Name/Title:	Date:(continue to the right): (go to 3a): d owner of this site is:	Current Company Owner Previous Company Owner 3b Name: Mail Address: Work Phone:	☐ Entire year ☐ My term of ownership only
No No No Name: Mail Address: Phone: Mame/Title: Mail Address:	Date: (continue to the right): (go to 3a): d owner of this site is Ext: tact for site visits and inspections is: Kathleen Becker PO Box 24067	Current Company Owner Previous Company Owner 3b Name: Mail Address: Work Phone: Name/Title:	☐ Entire year ☐ My term of ownership only

Name/Title: Kathleen Becker Mail Address: PO Box 24067

SEATTLE, WA 98124-0067

Work Phone: (206)762-0850

Ext:

Name/Title: Mail Address:

80333167



Page 1 of

Indicate the facility'	and Waste Management Activities s generator status for 1999 by checkings use the Comments section (#8, below the comments sect		e appropriate boxes below. If your status has changed to explain.	
6a. Generator Status			6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)	
Large Quantity	Generator (LQG)		For waste generated at this facility	
Medium Quantit	y Generator (MQG)		For waste generated by other facilities	
Small Quantity	Generator (SQG)		-	
☐ No regulated da	angerous waste generated	,	6d. Excluded On-Site Waste Management Activities (for waste streams that are not reported on a GM form)	
-	ctivity (requires prior notification)	τ. • •	Permit-by-Rule - (PBR)	
Transporter for		10	Recycling without prior storage or accumulation	
	commercial purposes			
7. Report Summary				
	ch forms are included in this report and icate method of your submission.	d pro	ovide the total number of pages. For electronic data	
7a. Paper Form S		7b.	Electronic Data Submittal	
Verification (VI			Verification (VF) Form	
=	d Management (GM) Form cation Information (OI) Form		Disk(s) included	
☐ Waste Receive	·	П	Data submitted on Internet	
=	dit documentation attached	_		
	of pages submitted	ш	Recycling Credit documentation attached	
required under EPA stringent as those in	's Biennial Report. Ecology is requine that report.	ired	of the company/agency. This certification language is to implement reporting requirements at least as	
accordance with a sy submitted. Based on gathering the informa	stem designed to assure that qualified my inquiry of the person or persons we tion, the information submitted is, to the that there are significant penalties fo	per tho i e be	ents were prepared under my direction or supervision in sonnel properly gather and evaluate the information manage the system, or those persons directly responsible for est of my knowledge and belief, true, accurate and bmitting false information, including the possiblity of fine and	
Signature (in ink)	KEBecker			
Name (print/type)	Kathleen E. Becker			
Date	February 28, 2000			
Title	e Safety Supervisor			
If you have special ac	comodation needs or require this docu	imei	nt in an alternative format, please contact the	

Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

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